

IMPACT ON BENEFITS & STATE SPECIFIC SEPARATION NOTICES

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U.S. COLLEAGUES

Impact to benefits upon separation

This summary explains when benefits end and the options for continuing coverage upon separation of employment.

MEDICAL, DENTAL, VISION

Coverage ends on the last day of the pay period* in which separation of employment occurs. You will have the opportunity to continue coverage under COBRA for up to 18 months at 102% of the full premium. The COBRA administrator, bswift, will mail election forms and rates to your home address. Review the COBRA information carefully as there are strict deadlines for participation. For assistance with your COBRA paperwork or enrolling, call bswift at 866-365-2413.

*Kaiser and Hawaii HMSA medical coverage ends on the last day of the month in which separation of employment occurs.

MENTAL HEALTH

Coverage under the Colleague Assistance Program (CAP) and Headspace ends immediately upon separation of employment. You will have the opportunity to continue coverage under COBRA for up to 18 months at 102% of the full premium. For those who continue your UMR or Surest administered medical coverage through COBRA, Headspace will be included in that coverage.

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is colleague-owned; therefore, it remains with you, even after separation of employment. If you need to update your address and email address with Optum Bank, call 800-791-9361 or visit www.optumbank.com.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Health care, limited purpose and dependent care FSA coverage ends on the last day of the pay period in which separation of employment occurs. Claims for reimbursement of expenses incurred during your coverage period must be submitted by March 31 of the following year. Expenses incurred after your coverage ends are not eligible for reimbursement; however, coverage for health care and limited purpose FSAs may be extended through the end of the calendar year under COBRA. COBRA is not available for dependent care FSAs.

LIFE AND AD&D INSURANCE

Basic life and AD&D, along with supplemental life and supplemental AD&D coverage ends on the last day of the pay period in which separation of employment occurs. However, you do have portability and/or conversion options. Prudential will mail you portability and conversion forms. You must submit an application to Prudential within 31 days of your loss of coverage. For questions or assistance, please call Prudential (control number 51759) at 855-733-4942.

ACCIDENT, CRITICAL ILLNESS, LEGAL, IDENTITY PROTECTION

Coverage ends on the last day of the pay period in which separation of employment occurs. Each benefit is portable and may be continued through direct premium payment to the insurer. Please contact Prudential (Accident and Critical Illness) at 844-455-1002 within 60 days, Allstate (Identity Protection) at 800-789-2720 within 90 days and LegalEASE (Legal) at 888-416-4313 within 31 days of your separation of employment.

SHORT-TERM AND LONG-TERM DISABILITY

Disability coverage ends immediately upon separation of employment and conversion is not available.

SEDGWICK 401(K) SAVINGS PLAN

You are always 100 percent vested in your own contributions, and you are 100% vested in company matching contributions after you've completed two years of vesting service. Vesting service ends on the date of separation of employment. If your vested account balance is \$5,000 or less, you must take a distribution. If your vested account balance is more than \$5,000, your funds may remain in the plan, but not beyond age 70½ when required minimum distributions begin. To process a distribution, contact Merrill at 800-228-4015 or visit www.benefits.ml.com.

If you have an outstanding loan balance, you have two options: 1) Contact Merrill and arrange to have the loan payments automatically deducted from your checking account, or 2) Let the loan go into default. If you do not elect to repay the loan, the loan will be considered due and payable within 90 days after the end of the month of separation of employment. If the loan is not paid within this specified period, it will be considered a taxable distribution and a Form 1099 will be issued. If you apply for a rollover/distribution and the loan has not been repaid, the loan will be reclassified as a taxable distribution at the time the rollover/distribution is processed. For questions, contact Merrill at 800-228-4015 or visit www.benefits.ml.com.

PENSION FOR COLLEAGUES HIRED BEFORE MAY 1, 2005

Vesting and benefit service credit cease at the earlier of your termination of employment or 3/31/2006. If you are a participant in the plan and vested, you are entitled to receive your monthly accrued benefit at age 65, or a reduced amount at age 55 if you have ten (10) years of service. Submit a request in

Colleague Support Now <https://sedgwick.service-now.com/sedgwicknow> to initiate your retirement benefit, or you may call 866.686.0406 option 5, then option 6. **Note: If you became employed by Sedgwick through an acquisition after April 30, 2005, this does not apply to you, even your hire date with the acquired company is prior to May 1, 2005.**

Sedgwick is beginning the process of transferring the responsibility for payments and recordkeeping to a qualified insurance company. This is a formal legal process called “plan termination” that can take 12 to 18 months to complete from July 15, 2025. What this means to you:

- You will receive the full Pension Plan benefit you have earned, and you will have the opportunity to choose how and when to receive your benefit:
 - As a single lump sum amount, payable in cash or rolled over to the Sedgwick 401(k) Savings Plan if you are an active eligible colleague, to an Individual Retirement Account (“IRA”) or to another eligible retirement plan,
 - As a monthly annuity, with payments beginning once the plan termination is complete, or
 - As a deferred payment at a later date under the normal provisions of the Pension Plan.
- Eligible members will receive information via U.S. mail. If you have any questions, please call the Sedgwick Pension Plan Termination Support Center at 855-249-2977. Representatives are available from 8:30 a.m. to 4:30 p.m. Central Time, Monday through Friday, except during holidays.

NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP

(Issued pursuant to provisions of Section 1089
of the California Unemployment Insurance Code)

Name _____ SSN # _____

1. You were/will be laid off/discharged on _____
(date)

2. You were/will be on leave of absence starting _____
(date)

3. On _____ employment status changed/will change as follows:
(date)

SedgwickClaims Management Services,Inc.
(Name of Employer)

Colleague Resources Department
(By)

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(Issued pursuant to provisions of Section 1089
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Name _____ SSN # _____

1. You were/will be laid off/discharged on _____
(date)

2. You were/will be on leave of absence starting _____
(date)

3. On _____ employment status changed/will change as follows:
(date)

Comp Management Heath Systems, Inc.
(Name of Employer)

Colleague Resources Department
(By)

NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP

(Issued pursuant to provisions of Section 1089
of the California Unemployment Insurance Code)

Name _____ SSN # _____

1. You were/will be laid off/discharged on _____
(date)

2. You were/will be on leave of absence starting _____
(date)

3. On _____ employment status changed/will change as follows:
(date)

Custom Applications Management, LLC
(Name of Employer)

Colleague Resources Department
(By)

NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP

(Issued pursuant to provisions of Section 1089
of the California Unemployment Insurance Code)

Name _____ SSN # _____

1. You were/will be laid off/discharged on _____
(date)

2. You were/will be on leave of absence starting _____
(date)

3. On _____ employment status changed/will change as follows:
(date)

Northeast Associations Mgmt., Inc.
(Name of Employer)

Colleague Resources Department
(By)

NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP

(Issued pursuant to provisions of Section 1089
of the California Unemployment Insurance Code)

Name _____ SSN # _____

1. You were/will be laid off/discharged on _____
(date)

2. You were/will be on leave of absence starting _____
(date)

3. On _____ employment status changed/will change as follows:
(date)

Managed Care Advisors, Inc.
(Name of Employer)

Colleague Resources Department
(By)

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

UC-61 (Rev. 12/17)

IMPORTANTE: TENGA ESTO TRADUCIDO INMEDIATAMENTE

SECTION F - UNEMPLOYMENT NOTICE

INSTRUCTIONS TO EMPLOYER:

It is your responsibility to give this entire packet to the separating employee at the time of separation, regardless of the reason for separation (see Section L below). If it is not possible to give this packet to the employee at the time of separation, then mail the packet to the employee's last known address.

INSTRUCTIONS TO EMPLOYEE:

Go to www.FileCTUI.com, click the blue button labeled "File or Reopen Your Unemployment Claim"

DO NOT SEND A COPY TO THE DEPARTMENT OF LABOR

PLEASE BE SURE THAT ALL THE INFORMATION ENTERED BELOW IS CORRECT

A. EMPLOYER CONNECTICUT REGISTRATION NUMBER				4	1	-	0	9	1	-	4	0
B. EMPLOYER NAME		Sedgwick Claims Management Services										
C. EMPLOYER ADDRESS		8125 Sedgwick Way Memphis, TN 38125-1128										

D. EMPLOYEE NAME																						
E. SOCIAL SECURITY NUMBER					-		-															
F. NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)																						
G. START DATE			/		/			H. LAST DAY WORKED			/		/			I. RETURN TO WORK DATE (if definite)			/		/	
D. YEAR TO DATE EARNINGS		\$			WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A FULL WEEK (Sunday - Saturday)										\$							
REASON FOR UNEMPLOYMENT		Lack of Work			Voluntary Leaving			Discharge/ Suspension			Leave of Absence			Other								
DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK?															YES			NO				
If yes, what type?		No. of hours/days covered				Amount				Dates Covered												

EMPLOYER SIGNATURE		TITLE		DATE	
TELEPHONE NUMBER		FAX NUMBER			

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

UC-61 (Rev. 12/17)

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A. EMPLOYER CONNECTICUT REGISTRATION NUMBER				4	1	-	0	9	1	-	4	0
B. EMPLOYER NAME		Comp Management Health Systems, Inc.										
C. EMPLOYER ADDRESS		8125 Sedgwick Way Memphis, TN 38125-1128										

H. EMPLOYEE NAME																	
I. SOCIAL SECURITY NUMBER					-		-										
J. NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)																	
K. START DATE		/		/		L. LAST DAY WORKED		/		/		RETURN TO WORK DATE (if definite)		/		/	
N. YEAR TO DATE EARNINGS	\$	O. WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A FULL WEEK (Sunday - Saturday)						\$									
REASON FOR UNEMPLOYMENT	Lack of Work			Voluntary Leaving			Discharge/ Suspension			Leave of Absence							
	Other																
DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK?								YES		NO							
If yes, what type?	No. of hours/days covered				Amount				Dates Covered								

EMPLOYER SIGNATURE		TITLE		DATE	
TELEPHONE NUMBER		FAX NUMBER			

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

UC-61 (Rev. 12/17)

IMPORTANTE: TENGA ESTO TRADUCIDO INMEDIATAMENTE

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A. EMPLOYER CONNECTICUT REGISTRATION NUMBER				4	1	-	0	9	1	-	4	0
B. EMPLOYER NAME		Custom Applications Management LLC										
C. EMPLOYER ADDRESS		8125 Sedgwick Way Memphis, TN 38125-1128										

EMPLOYEE NAME												
SOCIAL SECURITY NUMBER					-		-					
NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)												
START DATE	/	/		LAST DAY WORKED	/	/		L. RETURN TO WORK DATE (if	/	/		
1. YEAR TO DATE EARNINGS	\$	WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A FULL WEEK (Sunday - Saturday)						\$				
REASON FOR UNEMPLOYMENT	Lack of Work			Voluntary Leaving			Discharge/ Suspension			Leave of Absence		
	Other											
DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK?							YES			NO		
If yes, what type?	No. of hours/days covered			Amount			Dates Covered					

EMPLOYER SIGNATURE		TITLE		DATE	
TELEPHONE NUMBER		FAX NUMBER			

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

UC-61 (Rev. 12/17)

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INSTRUCTIONS TO EMPLOYEE:

Go to www.FileCTUI.com, click the blue button labeled "File or Reopen Your Unemployment Claim"

DO NOT SEND A COPY TO THE DEPARTMENT OF LABOR

PLEASE BE SURE THAT ALL THE INFORMATION ENTERED BELOW IS CORRECT

A. EMPLOYER CONNECTICUT REGISTRATION NUMBER				4	1	-	0	9	1 - 4		0
B. EMPLOYER NAME		Northeast Associations Mgmt, Inc									
C. EMPLOYER ADDRESS		8125 Sedgwick Way Memphis, TN 38125-1128									
UC-61 (Rev. 12/17)UC-61 (Rev. 12/17)											

EMPLOYEE NAME											
SOCIAL SECURITY NUMBER					-			-			
NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)											
START DATE	/	/		LAST DAY WORKED	/	/		D. RETURN TO WORK DATE (if definite)	/	/	
P. YEAR TO DATE EARNINGS	\$	Q. WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A FULL WEEK (Sunday - Saturday)						\$			
R. REASON FOR UNEMPLOYMENT	Lack of Work			Voluntary Leaving			Discharge/ Suspension			Leave of Absence	
	Other										
S. DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK?							YES		NO		
If yes, what type?	No. of hours/days covered			Amount			Dates Covered				

EMPLOYER SIGNATURE		TITLE		DATE	
TELEPHONE NUMBER		FAX NUMBER			

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

IMPORTANTE: TENGA ESTO TRADUCIDO INMEDIATAMENTE

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INSTRUCTIONS TO EMPLOYER:

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Go to www.FileCTUI.com, click the blue button labeled "File or Reopen Your Unemployment Claim"

DO NOT SEND A COPY TO THE DEPARTMENT OF LABOR

A. EMPLOYER CONNECTICUT REGISTRATION NUMBER				4	1	2	0	5	-	1	7
B. EMPLOYER NAME		Managed Care Advisors, Inc									
C. EMPLOYER ADDRESS		8125 Sedgwick Way Memphis, TN 38125-1128									

D. EMPLOYEE NAME												
E. SOCIAL SECURITY NUMBER					-			-				
F. NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)												
G. START DATE	/	/		H. LAST DAY WORKED	/	/		RETURN TO WORK DATE (if definite)	/	/		
J. YEAR TO DATE EARNINGS	\$	K. FULL WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A						\$				
A. REASON FOR UNEMPLOYMENT	Lack of Work			Voluntary Leaving			Discharge/ Suspension			Leave of Absence		
	Other											
B. DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK?							YES		NO			
If yes, what type?		No. of hours/days			Amount			Dates				

EMPLOYER SIGNATURE		TITLE		DATE	
TELEPHONE NUMBER		FAX NUMBER			



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name _____ 2. SSN _____

a. State any other name(s) under which employee worked. _____

3. Period of Last Employment: From _____ To _____

4. REASON FOR SEPARATION:

a. LACK OF WORK ☐

b. If for other than lack of work, state fully and clearly the circumstances of the separation: _____

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
(DO NOT include vacation pay or earned wages)

_____ in the amount of \$ _____ for period from _____ to _____
(type of payment)

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

_____ per month _____ % of contributions paid by employer

6. Did this employee earn at least \$7,300.00 in your employ? YES ☐ NO ☐ If NO, how much? \$ _____

Average Weekly Wage \$ _____

Sedgwick Claims Management Services, Inc.

Employer's Name

8125 Sedgwick Way

Mailing Address

Memphis

TN

38125

City

State

Zip Code

Employer's
Telephone No.

(Area Code)

(Number)

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for separation information, you may attach a copy of this form (DOL-800) as a part of your response.

GA D. O. L. Account Number **870569-01**

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer
or authorized agent for the employer

Title of Person Signing

Date Completed and Released to Employee

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

EMPLOYER NOTIFICATION TO EMPLOYEES OF THE AVAILABILITY OF UNEMPLOYMENT COMPENSATION

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the state UI eligibility laws. You may file a UI claim the first week that your employment stops or your work hours are reduced.

For assistance or more information about filing a UI claim visit the Georgia Department of Labor's website at dol.georgia.gov. You will need to provide the following information in order for the state to process your claim:

- Your legal name as it appears on your Social Security card
- Social Security Number
- Georgia Driver's License, if applicable
- Work authorization documents, if you are not a U.S. citizen
- Bank's routing number and your account number, if you want to receive your benefit payments via direct deposit
- Work history information for the last 18 months, to include your separation notice, if provided by your employer

You can file your claim online using any Internet accessible device. Follow these steps to file your claim online:

1. Go to dol.georgia.gov.
2. Select **Apply for Unemployment Benefits**.
3. Answer the questions completely.
4. Download and read the **UI Claimant Handbook**. Information in this handbook provides detailed instructions regarding the unemployment insurance (UI) program and the "Next Steps" to follow after submitting your claim.
5. Record your **Confirmation Number**. A confirmation email will be sent to the email address provided when completing the claim application. (If you do not receive a confirmation number, the application was not successfully completed. It remains on the system for 24 hours. Log in again and make sure you select FINISH to receive a confirmation number.)

If you have questions about the status of your claim, you can check the status of your claim online at dol.georgia.gov by using **My UI (Check My UI Claim Status)**.

For assistance, contact UI Customer Service at 1.877.709.8185 Monday–Friday, 8:00 a.m. – 4:30 p.m. EST or email Customer.Service@gdol.ga.gov



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name _____ 2. SSN _____
- a. State any other name(s) under which employee worked. _____
3. Period of Last Employment: From _____ To _____
4. REASON FOR SEPARATION:
- a. LACK OF WORK ☐
- b. If for other than lack of work, state fully and clearly the circumstances of the separation: _____

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
(DO NOT include vacation pay or earned wages)
- _____ in the amount of \$ _____ for period from _____ to _____
(type of payment)
- Date above payment(s) was/will be issued to employee _____
- IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.
_____ per month _____ % of contributions paid by employer
6. Did this employee earn at least \$7,300.00 in your employ? YES ☐ NO ☐ If NO, how much? \$ _____
Average Weekly Wage \$ _____

Comp Management Health Systems, Inc.

Employer's Name
8125 Sedgwick Way

Mailing Address
Memphis TN 38125

City State Zip Code

Employer's Telephone No. _____
(Area Code) (Number)

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for separation information, you may attach a copy of this form (DOL-800) as a part of your response.

GA D. O. L. Account Number **870569-01**

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer
or authorized agent for the employer

Title of Person Signing

Date Completed and Released to Employee

NOTICE TO EMPLOYEE

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EMPLOYER NOTIFICATION TO EMPLOYEES OF THE AVAILABILITY OF UNEMPLOYMENT COMPENSATION

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the state UI eligibility laws. You may file a UI claim the first week that your employment stops or your work hours are reduced.

For assistance or more information about filing a UI claim visit the Georgia Department of Labor's website at dol.georgia.gov. You will need to provide the following information in order for the state to process your claim:

- Your legal name as it appears on your Social Security card
- Social Security Number
- Georgia Driver's License, if applicable
- Work authorization documents, if you are not a U.S. citizen
- Bank's routing number and your account number, if you want to receive your benefit payments via direct deposit
- Work history information for the last 18 months, to include your separation notice, if provided by your employer

You can file your claim online using any Internet accessible device. Follow these steps to file your claim online:

6. Go to dol.georgia.gov.
7. Select **Apply for Unemployment Benefits**.
8. Answer the questions completely.
9. Download and read the **UI Claimant Handbook**. Information in this handbook provides detailed instructions regarding the unemployment insurance (UI) program and the "Next Steps" to follow after submitting your claim.
10. Record your **Confirmation Number**. A confirmation email will be sent to the email address provided when completing the claim application. (If you do not receive a confirmation number, the application was not successfully completed. It remains on the system for 24 hours. Log in again and make sure you select FINISH to receive a confirmation number.)

If you have questions about the status of your claim, you can check the status of your claim online at dol.georgia.gov by using **My UI (Check My UI Claim Status)**.

For assistance, contact UI Customer Service at 1.877.709.8185 Monday–Friday, 8:00 a.m. – 4:30 p.m. EST or email Customer.Service@gdol.ga.gov



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name _____ 2. SSN _____
- a. State any other name(s) under which employee worked. _____
3. Period of Last Employment: From _____ To _____
4. REASON FOR SEPARATION:
- a. LACK OF WORK ☐
- b. If for other than lack of work, state fully and clearly the circumstances of the separation: _____

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
(DO NOT include vacation pay or earned wages)
- _____ in the amount of \$ _____ for period from _____ to _____
(type of payment)
- Date above payment(s) was/will be issued to employee _____
- IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.
_____ per month _____ % of contributions paid by employer
6. Did this employee earn at least \$7,300.00 in your employ? YES ☐ NO ☐ If NO, how much? \$ _____
Average Weekly Wage \$ _____

Custom Applications Management LLC

Employer's Name
8125 Sedgwick Way

Mailing Address

Memphis

TN

38125

City

State

Zip Code

Employer's
Telephone No.

(Area Code)

(Number)

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for separation information, you may attach a copy of this form (DOL-800) as a part of your response.

GA D. O. L. Account Number **870569-01**

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer
or authorized agent for the employer

Title of Person Signing

Date Completed and Released to Employee

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

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State of Georgia
Department of Labor

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IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

_____ per month _____ % of contributions paid by employer

6. Did this employee earn at least \$7,300.00 in your employ? YES ☐ NO ☐ If NO, how much? \$ _____

Average Weekly Wage \$ _____

Managed Care Advisors, Inc.

Employer's Name

8125 Sedgwick Way

Mailing Address

Memphis

TN

38125

City

State

Zip Code

Employer's
Telephone No.

(Area Code)

(Number)

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GA D. O. L. Account Number **298811-01**

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer
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Title of Person Signing

Date Completed and Released to Employee

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State of Georgia
Department of Labor

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6. Did this employee earn at least \$7,300.00 in your employ? YES ☐ NO ☐ If NO, how much? \$ _____
Average Weekly Wage \$ _____

Northeast Association Management, Inc.

Employer's Name

8125 Sedgwick Way

Mailing Address

Memphis

TN

38125

City

State

Zip Code

Employer's
Telephone No.

(Area Code)

(Number)

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GA D. O. L. Account Number **870569-01**

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Signature of Official, Employee of the Employer
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You can file your claim online using any Internet accessible device. Follow these steps to file your claim online:

21. Go to dol.georgia.gov.
22. Select **Apply for Unemployment Benefits**.
23. Answer the questions completely.
24. Download and read the **UI Claimant Handbook**. Information in this handbook provides detailed instructions regarding the unemployment insurance (UI) program and the "Next Steps" to follow after submitting your claim.
25. Record your **Confirmation Number**. A confirmation email will be sent to the email address provided when completing the claim application. (If you do not receive a confirmation number, the application was not successfully completed. It remains on the system for 24 hours. Log in again and make sure you select FINISH to receive a confirmation number.)

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What is Unemployment Insurance?

Unemployment Insurance (UI) is a temporary income assistance program for Massachusetts workers who have lost their jobs through no fault of their own, and are:

- Able to work
- Available for work, and
- Actively looking for work

Funding for UI benefits comes from quarterly contributions paid by the state's employers to the Department of Unemployment Assistance (DUA). Employees do not contribute to unemployment insurance.

When should you apply for UI benefits?

If you have been separated from work, or your hours have been reduced, you should file a claim for UI benefits **during your first week** of total or partial unemployment. Your claim will begin on the Sunday of the calendar week in which your claim is filed. This date is known as the effective claim date.

You will not be paid benefits for any week of unemployment preceding the effective date of your claim.

Important note:

You may request benefits only if you are in the United States, its territories, or Canada. You should not request benefits for any week you are outside the United States, its territories, or Canada.



File Online

To file your new UI claim or reopen an established claim online, visit our website at: www.mass.gov/dua/uionline.

1. Select **Log in to UI Online for Claimants**.
2. Create a UI Online account or log in to an existing account.
3. Complete all the information requested and submit your application.
4. Be sure to include your phone number and email address to make it easier for us to contact you if there are questions about your application.

UI Online is available 6:00 am to 10:00 pm, 7 days a week.

Need Help?

If you have questions about your eligibility, please review the eligibility requirements online at: www.mass.gov/dua/eligibility.

For assistance creating a UI Online account, visit: www.mass.gov/dua/fileclaim.

This pamphlet includes important information on how to apply for Unemployment Insurance benefits.

Este folleto contiene información importante sobre cómo solicitar los beneficios del Seguro de Desempleo.

Este panfleto contém informações importantes sobre como registrar-se para receber benefícios de subsídio de desemprego.

Данный проспект содержит важную информацию о процессе подачи заявления на получение Страхового пособия по безработице.

Livré sa gen enfòmasyon enpòtan sou fason pou aplike pou Benefis Asirans Chomaj yo.

Il presente opuscolo contiene importanti informazioni riguardanti la modalità di richiesta per l'indennità di disoccupazione.

Cette brochure comporte d'importants renseignements sur la façon de demander des prestations d'assurance-chômage.

គេហទំព័រនេះផ្តល់ព័ត៌មានសំខាន់ៗអំពីរបៀបសុំទុនបំប៉នសម្រាប់អ្នកបាត់ការងារ។

ကဏ္ဍဒါး

Cuốn sách mong này bao gồm thông tin quan trọng về cách nộp đơn xin bảo hiểm thất nghiệp

આને સહાયક માહિતી આપે છે કે તમે કેવી રીતે અરજી કરી શકો છો અને તમારું અરજી પત્ર કેવી રીતે ભરી શકો છો.

这本小册子包括如何申请失业保险金的重要信息。

이 팜플렛에는 실업 보험 급여의 신청 방법에 대한 중요한 정보가 들어 있습니다.

يحتوي هذا الكتيب على معلومات هامة حول كيفية التقديم للحصول على مبالغ التأمين البطالة.

Equal opportunity employer program

Auxiliary aids and services are available upon request to individuals with disabilities. For hearing-impaired relay services, call 711.



Form 0590-A Rev. 1-26-18



To Massachusetts Workers: How to File a Claim for Unemployment Insurance Benefits

To Massachusetts employers:

Under the state's Employment and Training Law, M.G.L. Chapter 151A, you must provide a copy of this pamphlet as soon as practicable, but no more than 30 days, from the last day the employee performed compensable work. You must provide this pamphlet to each of your employees who is separated from work, permanently or temporarily. Please complete the information below:

Sedgwick Claims Management Services, Inc.

Employer name

8125 Sedgwick Way, Memphis, TN 38125

Mailing address

(901) 415-7400

Phone number

36-2685608

Federal employer ID number

Information Needed to File a Claim

To apply for unemployment, you need to provide personal information including your Social Security number, birth date, home address, email address, and phone number.

You also need information about your employment history from the last 15 months, including:

- Names of all employers, plus addresses and phone numbers
- Reasons for leaving those jobs
- Work start and end dates
- Recall date (if you were laid off but have a set date to return to work)

You may need additional information in certain situations:

- If you are not a U.S. citizen — your Alien Registration number or verification that you are legally allowed to work in the United States.
- If you have dependent children — their birth dates and Social Security numbers
- If you're in a union — your union name and local number
- If you were in the military — your DD-214 Member 4 form. If you don't have it, you can request your DD-214 online at www.dd214.us.

To receive payments by direct deposit, you'll need your bank name, account number and routing number. Otherwise, DUA will send you a debit card.



File by Phone

To file your new UI claim or reopen an established claim by phone, you can:

- Schedule a callback from the TeleClaim Center by visiting our website at: www.mass.gov/dua/schedulecallback.
- Call the TeleClaim Center at (617) 626-6800 or toll-free at (877) 626-6800. Please adhere to the call-in schedule below.

The TeleClaim Center is available 8:30 am to 4:30 pm, Monday through Friday.

Last digit of your Social Security Number:	Assigned day to call the TeleClaim Center:
0, 1	Monday
2, 3	Tuesday
4, 5, 6	Wednesday
7, 8, 9	Thursday
Any last digit	Friday

What is Unemployment Insurance?

Unemployment Insurance (UI) is a temporary income assistance program for Massachusetts workers who have lost their jobs through no fault of their own, and are:

- Able to work
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Funding for UI benefits comes from quarterly contributions paid by the state's employers to the Department of Unemployment Assistance (DUA). Employees do not contribute to unemployment insurance.

When should you apply for UI benefits?

If you have been separated from work, or your hours have been reduced, you should file a claim for UI benefits **during your first week** of total or partial unemployment. Your claim will begin on the Sunday of the calendar week in which your claim is filed. This date is known as the effective claim date.

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File Online

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4. Be sure to include your phone number and email address to make it easier for us to contact you if there are questions about your application.

UI Online is available 6:00 am to 10:00 pm, 7 days a week.

Need Help?

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ကျွန်ုပ်တို့သည် အရေးကြီးသော အချက်အလက်များကို ဖော်ပြထားပြီး ဤစာရွက်စာတမ်းကို အသုံးပြုရန် အထောက်အကူပြုပါသည်။

Cuốn sách mong này bao gồm thông tin quan trọng về cách nộp đơn xin bảo hiểm thất nghiệp.

આ પાનું અમારા ઉદ્યોગમાં રોકાયેલા લોકો માટે મહત્વના સમાચારો અને સલાહ આપે છે.

这本小册子包括如何申请失业保险金的重要信息。

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Comp Management Health Systems, Inc.

Employer name

8125 Sedgwick Way, Memphis, TN 38125

Mailing address

(901) 415-7400

Phone number

31-1415243

Federal employer ID number



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Este folleto contiene información importante sobre cómo solicitar los beneficios del Seguro de Desempleo.

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Il presente opuscolo contiene importanti informazioni riguardanti la modalità di richiesta per l'indennità di disoccupazione.

Cette brochure comporte d'importants renseignements sur la façon de demander des prestations d'assurance-chômage.

ឯកសារនេះផ្តល់ព័ត៌មានសំខាន់ៗអំពីដំណើរការស្នើសុំទាញយកប្រាក់ប្រចាំសប្តាហ៍សម្រាប់អ្នកបាត់ការងារ។

Cuốn sách mong này bao gồm thông tin quan trọng về cách nộp đơn xin bảo hiểm thất nghiệp.

આ પાનું જોવાની મુખ્ય હેતુ એ છે કે તમને જાણ થાય કે તમે કયા રીતે અનુભવિત નોકરીની જગ્યાએ ફરજિયાત કરવામાં આવેલા નિયમોનું પાલન કરવું પડે છે.

这本小册子包括如何申请失业保险的重要信息。

이 팜플렛에는 실업 보험 급여의 신청 방법에 대한 중요한 정보가 포함되어 있습니다.

يحتوي هذا الكتيب على معلومات هامة حول كيفية التقديم للحصول على مبالغ تأمين البطالة.

Equal opportunity employer program

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THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

Form 0590-A Rev. 1-26-18



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

To Massachusetts Workers: How to File a Claim for Unemployment Insurance Benefits

To Massachusetts employers:

Under the state's Employment and Training Law, M.G.L. Chapter 151A, you must provide a copy of this pamphlet as soon as practicable, but no more than 30 days, from the last day the employee performed compensable work. You must provide this pamphlet to each of your employees who is separated from work, permanently or temporarily. Please complete the information below:

Custom Applications Management LLC

Employer name

8125 Sedgwick Way, Memphis, TN 38125

Mailing address

(901) 415-7400

Phone number

80-0871007

Federal employer ID number

Information Needed to File a Claim

To apply for unemployment, you need to provide personal information including your Social Security number, birth date, home address, email address, and phone number.

You also need information about your employment history from the last 15 months, including:

- Names of all employers, plus addresses and phone numbers
- Reasons for leaving those jobs
- Work start and end dates
- Recall date (if you were laid off but have a set date to return to work)

You may need additional information in certain situations:

- If you are not a U.S. citizen — your Alien Registration number or verification that you are legally allowed to work in the United States.
- If you have dependent children — their birth dates and Social Security numbers
- If you're in a union — your union name and local number
- If you were in the military — your DD-214 Member 4 form. If you don't have it, you can request your DD-214 online at www.dd214.us.

To receive payments by direct deposit, you'll need your bank name, account number and routing number. Otherwise, DUA will send you a debit card.



File by Phone

To file your new UI claim or reopen an established claim by phone, you can:

- Schedule a callback from the TeleClaim Center by visiting our website at: www.mass.gov/dua/schedulecallback.
- Call the TeleClaim Center at (617) 626-6800 or toll-free at (877) 626-6800. Please adhere to the call-in schedule below.

The TeleClaim Center is available 8:30 am to 4:30 pm, Monday through Friday.

Last digit of your Social Security Number:	Assigned day to call the TeleClaim Center:
0, 1	Monday
2, 3	Tuesday
4, 5, 6	Wednesday
7, 8, 9	Thursday
Any last digit	Friday

What is Unemployment Insurance?

Unemployment Insurance (UI) is a temporary income assistance program for Massachusetts workers who have lost their jobs through no fault of their own, and are:

- Able to work
- Available for work, and
- Actively looking for work

Funding for UI benefits comes from quarterly contributions paid by the state's employers to the Department of Unemployment Assistance (DUA). Employees do not contribute to unemployment insurance.

When should you apply for UI benefits?

If you have been separated from work, or your hours have been reduced, you should file a claim for UI benefits **during your first week** of total or partial unemployment. Your claim will begin on the Sunday of the calendar week in which your claim is filed. This date is known as the effective claim date.

You will not be paid benefits for any week of unemployment preceding the effective date of your claim.

Important note:

You may request benefits only if you are in the United States, its territories, or Canada. You should not request benefits for any week you are outside the United States, its territories, or Canada.



File Online

To file your new UI claim or reopen an established claim online, visit our website at: www.mass.gov/dua/online.

1. Select **Log in to UI Online for Claimants**.
2. Create a UI Online account or log in to an existing account.
3. Complete all the information requested and submit your application.
4. Be sure to include your phone number and email address to make it easier for us to contact you if there are questions about your application.

UI Online is available 6:00 am to 10:00 pm, 7 days a week.

Need Help?

If you have questions about your eligibility, please review the eligibility requirements online at: www.mass.gov/dua/eligibility.

For assistance creating a UI Online account, visit: www.mass.gov/dua/fileclaim.

This pamphlet includes important information on how to apply for Unemployment Insurance benefits.

Este folleto contiene información importante sobre cómo solicitar los beneficios del Seguro de Desempleo.

Este panfleto contém informações importantes sobre como registrar-se para receber benefícios de subsídio de desemprego.

Данный проспект содержит важную информацию о процессе подачи заявления на получение Страхового пособия по безработице.

Livré sa gen enfòmasyon enpòtan sou fason pou aplike pou Benefis Asirans Chomaj yo.

Il presente opuscolo contiene importanti informazioni riguardanti la modalità di richiesta per l'indennità di disoccupazione.

Cette brochure comporte d'importants renseignements sur la façon de demander des prestations d'assurance-chômage.

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આ પાનું અહીં ઉપરના મહત્વના માહિતીઓનો સમાવેશ કરે છે.

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Form 0590-A Rev. 1-26-18

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- If you have dependent children — their birth dates and Social Security numbers
- If you're in a union — your union name and local number
- If you were in the military — your DD-214 Member 4 form. If you don't have it, you can request your DD-214 online at www.dd214.us.

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Managed Care Advisors, Inc.

Employer name

8125 Sedgwick Way, Memphis, TN 38125

Mailing address

(901) 415-7400

Phone number

10-06587-9

Federal employer ID number



File by Phone

To file your new UI claim or reopen an established claim by phone, you can:

- Schedule a callback from the TeleClaim Center by visiting our website at: www.mass.gov/dua/schedulecallback.
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GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN
DIRECTOR

UNEMPLOYMENT COMPENSATION NOTICE TO EMPLOYEE

THIS FORM IS NOT A WAIVER REQUEST OR APPROVAL OF A WAIVER REQUEST.

Information Needed to File a Claim:

- Your Social Security card.
- Your state issued driver's license or ID card number or your Michigan's Automated Response Voice Interactive Network (MARVIN) PIN (if you have one).
- The names and addresses of employers you have worked for during the past 18 months and your quarterly gross earnings.
- The first and last date of employment with each employer.
- Your most recent employer's Federal Employer ID number (FEIN) and Employer Account Number (EAN). Depending on your situation, knowing the account number may speed up the processing of your claim.
- If you are not a U.S. Citizen or national, you will need your Alien Registration card and the expiration date of your work authorization.

Bi- Weekly Certification:

Unless the requirement has been waived, you must certify your eligibility every two weeks to receive benefits. The preferred method of certifying is online. Phone certification is also available.

- **Online:** Visit www.michigan.gov/uia and sign into MiLogin to access your Michigan Web Account Manager (MiWAM) account. Your online account is accessible seven days a week, 24 hours a day.
- **By Phone:** Call MARVIN at 1-866-638-3993, Monday through Friday, 8:00 a.m. to 4:30 p.m.

Work Search Activities:

You must be able, available, and seeking work to be eligible for benefits. Document and report at least one work search activity during your bi-weekly certification for benefits. The preferred method for reporting work search activities is through MiWAM. You may also report work search activities by phone through MARVIN. UIA will not release benefits until it processes the work search activities that you submit.

If you have questions, visit www.michigan.gov/uia for tools and resources. You can also access your MiWAM account to chat with an agent during regular business hours. Visit our website for hours of operation. TTY service is available at 1-866-366-0004.

To Be Completed by the Employer

Complete the following information in the spaces below. Each employee, when separated from your employment should receive a completed copy of this form or an equivalent written notice. A \$10.00 penalty for non-compliance may be imposed on the employer by UIA.

Your **10-digit** UIA Employer Account Number (EAN): 1450058

Your **9-digit** Federal Employer Identification Number (FEIN): 36-2685608

Employer's Name with Doing Business As (DBA) Name and complete mailing address where wage and separation information is available.

Sedgwick Claims Management Services, Inc.

Employer's Name

8125 Sedgwick Way

Employer's Address

Colleague Resources Department

Name of Contact Person

DBA

Memphis, TN 38125

City, State, Zip Code

(901) 415-7400

Telephone Number

Reason for Separation

Employers, direct any questions to the Office of Employer Ombudsman (OEO) through your MiWAM account at www.michigan.gov/uia or call 1-855-484-2636. TTY service is available at 1-866-366-0004.

UIA is an equal opportunity employer/program.



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Your **10-digit UIA Employer Account Number (EAN):** _____

Your **9-digit Federal Employer Identification Number (FEIN):** 31-1415243

Employer's Name with Doing Business As (DBA) Name and complete mailing address where wage and separation information is available.

Comp Management Health Systems, Inc.

Employer's Name

DBA

8125 Sedgwick Way

Memphis, TN 38125

Employer's Address

City, State, Zip Code

Colleague Resources Department

(901) 415-7400

Name of Contact Person

Telephone Number

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Your **9-digit** Federal Employer Identification Number (FEIN): 80-0871007

Employer's Name with Doing Business As (DBA) Name and complete mailing address where wage and separation information is available.

Custom Applications Management LLC

Employer's Name

8125 Sedgwick Way

Employer's Address

Colleague Resources Department

Name of Contact Person

DBA

Memphis, TN 38125

City, State, Zip Code

(901) 415-7400

Telephone Number

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Your **10-digit** UIA Employer Account Number (EAN): _____

Your **9-digit** Federal Employer Identification Number (FEIN): 04-3255639

Employer's Name with Doing Business As (DBA) Name and complete mailing address where wage and separation information is available.

Northeast Association Mgmt, Inc.

Employer's Name

8125 Sedgwick Way

Employer's Address

Colleague Resources Department

Name of Contact Person

DBA

Memphis, TN 38125

City, State, Zip Code

(901) 415-7400

Telephone Number

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Your **10-digit** UIA Employer Account Number (EAN): 1650126000

Your **9-digit** Federal Employer Identification Number (FEIN): 52-2060802

Employer's Name with Doing Business As (DBA) Name and complete mailing address where wage and separation information is available.

Managed Care Advisors, Inc.

Employer's Name

8125 Sedgwick Way

Employer's Address

Colleague Resources Department

Name of Contact Person

DBA

Memphis, TN 38125

City, State, Zip Code

(901) 415-7400

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INSTRUCTIONS FOR CLAIMING UNEMPLOYMENT BENEFITS

Section 1 - Notice to Employer

YOU ARE REQUIRED, under section 6 (a) of the Unemployment Compensation Law of New Jersey and under Employment Security Rule N.J.A.C. 12:17-3.1 to complete this form and provide it to any worker who is separated (either permanently or temporarily) from work for any reason.

1. **Employer Name and Address:**

Sedgwick Claims Management Services, Inc.

8125 Sedgwick Way, Memphis, TN 38125

2. **New Jersey Employer Identification No.:** 36-2685608

3. **Employer Telephone No.:** (901) 415-7400

4. **Work Location (if different than above):**

5. **Date of Separation:**

6. **Separation is:** ☐ Permanent ☐ Temporary If Temporary, Expected Recall Date:

Section 2 - Notice to Worker

In order to be considered for unemployment insurance benefits, you must file an unemployment claim. No benefits can be paid to you for any week before you actually file your unemployment insurance claim. **Failure to file your claim or delaying the filing could affect your eligibility for benefits. You should always file your claim as soon as possible after becoming unemployed. You will not be considered eligible until your claim is filed.**

When you file the claim, be sure to have available your Social Security number and the complete name, address, and telephone number of each employer that you worked for in the past 18 months.

You may apply for unemployment benefits on the Internet, 24 hours a day, seven (7) days a week at www.njuifile.net or you may telephone a Reemployment Call Center. The Reemployment Call Centers are open during regular business hours, Monday through Friday, excluding holidays.

Union City Call Center	(201) 601-4100
Freehold Call Center	(732) 761-2020
Cumberland Call Center	(856) 507-2340
Out-of-State Claims	(888) 795-6672

TTY users can contact the department through New Jersey Relay: 7-1-1

Workers Who Are Unemployed Due to a Vacation Shutdown: You should apply for unemployment benefits if you are receiving vacation pay in an amount less than your full-time wages, you have not refused any offer of suitable work for the vacation period and you are ready and willing to work during the vacation period.

****Please make certain to have this form available when you file your unemployment insurance claim.***

INSTRUCTIONS FOR CLAIMING UNEMPLOYMENT BENEFITS

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1. Employer Name and Address:

Comp Management Health Systems, Inc.

8125 Sedgwick Way, Memphis, TN 38125

2. New Jersey Employer Identification No.: 31-1415243

3. Employer Telephone No.: (901) 415-7400

4. Work Location (if different than above):

5. Date of Separation:

6. Separation is: ☐ Permanent ☐ Temporary If Temporary, Expected Recall Date:

Section 2 - Notice to Worker

In order to be considered for unemployment insurance benefits, you must file an unemployment claim. No benefits can be paid to you for any week before you actually file your unemployment insurance claim. **Failure to file your claim or delaying the filing could affect your eligibility for benefits. You should always file your claim as soon as possible after becoming unemployed. You will not be considered eligible until your claim is filed.**

When you file the claim, be sure to have available your Social Security number and the complete name, address, and telephone number of each employer that you worked for in the past 18 months.

You may apply for unemployment benefits on the Internet, 24 hours a day, seven (7) days a week at www.njuifile.net or you may telephone a Reemployment Call Center. The Reemployment Call Centers are open during regular business hours, Monday through Friday, excluding holidays.

Union City Call Center	(201) 601-4100
Freehold Call Center	(732) 761-2020
Cumberland Call Center	(856) 507-2340
Out-of-State Claims	(888) 795-6672

TTY users can contact the department through New Jersey Relay: 7-1-1

Workers Who Are Unemployed Due to a Vacation Shutdown: You should apply for unemployment benefits if you are receiving vacation pay in an amount less than your full-time wages, you have not refused any offer of suitable work for the vacation period and you are ready and willing to work during the vacation period.

****Please make certain to have this form available when you file your unemployment insurance claim.***

INSTRUCTIONS FOR CLAIMING UNEMPLOYMENT BENEFITS

Section 1 - Notice to Employer

YOU ARE REQUIRED, under section 6 (a) of the Unemployment Compensation Law of New Jersey and under Employment Security Rule N.J.A.C. 12:17-3.1 to complete this form and provide it to any worker who is separated (either permanently or temporarily) from work for any reason.

1. Employer Name and Address:

Custom Applications Management LLC

8125 Sedgwick Way, Memphis, TN 38125

2. New Jersey Employer Identification No.: 80-0871007

3. Employer Telephone No.: (901) 415-7400

4. Work Location (if different than above):

5. Date of Separation:

6. Separation is: ☐ Permanent ☐ Temporary If Temporary, Expected Recall Date:

Section 2 - Notice to Worker

In order to be considered for unemployment insurance benefits, you must file an unemployment claim. No benefits can be paid to you for any week before you actually file your unemployment insurance claim. **Failure to file your claim or delaying the filing could affect your eligibility for benefits. You should always file your claim as soon as possible after becoming unemployed. You will not be considered eligible until your claim is filed.**

When you file the claim, be sure to have available your Social Security number and the complete name, address, and telephone number of each employer that you worked for in the past 18 months.

You may apply for unemployment benefits on the Internet, 24 hours a day, seven (7) days a week at www.njuifile.net or you may telephone a Reemployment Call Center. The Reemployment Call Centers are open during regular business hours, Monday through Friday, excluding holidays.

Union City Call Center	(201) 601-4100
Freehold Call Center	(732) 761-2020
Cumberland Call Center	(856) 507-2340
Out-of-State Claims	(888) 795-6672

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INSTRUCTIONS FOR CLAIMING UNEMPLOYMENT BENEFITS

Section 1 - Notice to Employer

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1. Employer Name and Address:

Northeast Association Mgmt, Inc.

8125 Sedgwick Way, Memphis, TN 38125

2. New Jersey Employer Identification No.: 04-3255639

3. Employer Telephone No.: (901) 415-7400

4. Work Location (if different than above):

5. Date of Separation:

6. Separation is: ☐ Permanent ☐ Temporary If Temporary, Expected Recall Date:

Section 2 - Notice to Worker

In order to be considered for unemployment insurance benefits, you must file an unemployment claim. No benefits can be paid to you for any week before you actually file your unemployment insurance claim. **Failure to file your claim or delaying the filing could affect your eligibility for benefits. You should always file your claim as soon as possible after becoming unemployed. You will not be considered eligible until your claim is filed.**

When you file the claim, be sure to have available your Social Security number and the complete name, address, and telephone number of each employer that you worked for in the past 18 months.

You may apply for unemployment benefits on the Internet, 24 hours a day, seven (7) days a week at www.njuifile.net or you may telephone a Reemployment Call Center. The Reemployment Call Centers are open during regular business hours, Monday through Friday, excluding holidays.

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Cumberland Call Center	(856) 507-2340
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INSTRUCTIONS FOR CLAIMING UNEMPLOYMENT BENEFITS

Section 1 - Notice to Employer

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1. Employer Name and Address:

Managed Care Advisors, Inc.

8125 Sedgwick Way, Memphis, TN 38125

2. New Jersey Employer Identification No.: 52-2060802

3. Employer Telephone No.: (901) 415-7400

4. Work Location (if different than above):

5. Date of Separation:

6. Separation is: ☐ Permanent ☐ Temporary If Temporary, Expected Recall Date:

Section 2 - Notice to Worker

In order to be considered for unemployment insurance benefits, you must file an unemployment claim. No benefits can be paid to you for any week before you actually file your unemployment insurance claim. **Failure to file your claim or delaying the filing could affect your eligibility for benefits. You should always file your claim as soon as possible after becoming unemployed. You will not be considered eligible until your claim is filed.**

When you file the claim, be sure to have available your Social Security number and the complete name, address, and telephone number of each employer that you worked for in the past 18 months.

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****Please make certain to have this form available when you file your unemployment insurance claim.***



Department
of Labor

Unemployment Insurance Division

Record of Employment

(For Unemployment Insurance purposes only.)

Employer: Complete the following and give this form to every employee who quits, is laid off, or is discharged:

Date given to employee:

/ /

NYS Employer Registration No.:

-

Federal Employer Identification No.:

-

Employer Name: Sedgwick Claims Management Services, Inc.

Payroll Records are kept at: _____

Street: 8125 Sedgwick Way

Street: _____

City: Memphis State: TN Zip: 38125

Optional if needed by employer to locate employee record:

Payroll or Clock No.: _____ Location of employment or code: _____

Employee: Keep this certificate. Have it with you if you apply for Unemployment Insurance (UI) benefits. This certificate shows that your job was insured. It does not necessarily mean you qualify for benefits. The UI Claims Center will make that determination if you apply. Please complete the following:

Your Name: _____ Social Security No.: - -

This may not be used as an identification card.

IA 12.3 (01/18)

How to Apply For New York State Unemployment Insurance

Unemployment Insurance is temporary income for eligible workers who are out of work through no fault of their own. It provides them a weekly benefit while they look for work. If you become unemployed and want to apply for Unemployment Insurance benefits, apply online at www.labor.ny.gov for a quick and convenient way to file your claim or call the Telephone Claim Center toll free at (888) 209-8124.

Have the following information available when you apply:

1. Your Social Security Number.
2. Your NYS Driver License or Motor Vehicle ID card (if you have either one).
3. Your complete mailing address and zip code.
4. A phone number, including area code, where we can reach you from 8:00 am – 5:00 pm, Monday – Friday.
5. Your alien registration card (if you are not a US citizen and have a card).
6. Employer information (even employers in other states) for the last 18 months which includes:
 - Employer names, addresses, and phone numbers.
 - NYS Employer Registration Number or Federal Employer Identification Number (FEIN). The FEIN is on your W-2 form(s).
 - Your total gross earnings (before any deductions) for each employer. You may be asked for pay stubs, W-2 forms, or other payment records.
7. Your copies of "Notice to Federal Employee about Unemployment Insurance" (Form SF8) and "Notification of Personnel Action" (Form SF50) if you were a federal employee.
8. Your most recent separation form (DD214) and any DD215 forms you have received from military service. You can request a DD 214 through the U.S. National Archives and Records Administration website at: <http://www.archives.gov/st-louis/military-personnel/standard-form-180.html>.
9. A check from your personal checking account so you can provide your bank's routing number and your checking account number if you choose Direct Deposit of your weekly benefits.

You can file a claim without all of these documents. However, missing information could delay your first payment.



Department
of Labor

Unemployment Insurance Division

Record of Employment

(For Unemployment Insurance purposes only.)

Employer: Complete the following and give this form to every employee who quits, is laid off, or is discharged:

Date given to employee:

/ /

NYS Employer Registration No.:

-

Federal Employer Identification No.:

-

Employer Name: Comp Management Health Systems, Inc.

Payroll Records are kept at: _____

Street: 8125 Sedgwick Way

Street: _____

City: Memphis State: TN Zip: 38125

Optional if needed by employer to locate employee record:

Payroll or Clock No.: _____ Location of employment or code: _____

Employee: Keep this certificate. Have it with you if you apply for Unemployment Insurance (UI) benefits. This certificate shows that your job was insured. It does not necessarily mean you qualify for benefits. The UI Claims Center will make that determination if you apply. Please complete the following:

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IA 12.3 (01/18)

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Have the following information available when you apply:

1. Your Social Security Number.
2. Your NYS Driver License or Motor Vehicle ID card (if you have either one).
3. Your complete mailing address and zip code.
4. A phone number, including area code, where we can reach you from 8:00 am – 5:00 pm, Monday – Friday.
5. Your alien registration card (if you are not a US citizen and have a card).
6. Employer information (even employers in other states) for the last 18 months which includes:
 - Employer names, addresses, and phone numbers.
 - NYS Employer Registration Number or Federal Employer Identification Number (FEIN). The FEIN is on your W-2 form(s).
 - Your total gross earnings (before any deductions) for each employer. You may be asked for pay stubs, W-2 forms, or other payment records.
7. Your copies of "Notice to Federal Employee about Unemployment Insurance" (Form SF8) and "Notification of Personnel Action" (Form SF50) if you were a federal employee.
8. Your most recent separation form (DD214) and any DD215 forms you have received from military service. You can request a DD 214 through the U.S. National Archives and Records Administration website at: <http://www.archives.gov/st-louis/military-personnel/standard-form-180.html>.
9. A check from your personal checking account so you can provide your bank's routing number and your checking account number if you choose Direct Deposit of your weekly benefits.

You can file a claim without all of these documents. However, missing information could delay your first payment.



Department
of Labor

Unemployment Insurance Division

Record of Employment

(For Unemployment Insurance purposes only.)

Employer: Complete the following and give this form to every employee who quits, is laid off, or is discharged:

Date given to employee:

/ /

NYS Employer Registration No.:

-

Federal Employer Identification No.:

-

Employer Name: Custom Applications Management LLC

Payroll Records are kept at: _____

Street: 8125 Sedgwick Way

Street: _____

City: Memphis State: TN Zip: 38125

Optional if needed by employer to locate employee record:

Payroll or Clock No.: _____ Location of employment or code: _____

Employee: Keep this certificate. Have it with you if you apply for Unemployment Insurance (UI) benefits. This certificate shows that your job was insured. It does not necessarily mean you qualify for benefits. The UI Claims Center will make that determination if you apply. Please complete the following:

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IA 12.3 (01/18)

How to Apply For New York State Unemployment Insurance

Unemployment Insurance is temporary income for eligible workers who are out of work through no fault of their own. It provides them a weekly benefit while they look for work. If you become unemployed and want to apply for Unemployment Insurance benefits, apply online at www.labor.ny.gov for a quick and convenient way to file your claim or call the Telephone Claim Center toll free at (888) 209-8124.

Have the following information available when you apply:

1. Your Social Security Number.
2. Your NYS Driver License or Motor Vehicle ID card (if you have either one).
3. Your complete mailing address and zip code.
4. A phone number, including area code, where we can reach you from 8:00 am – 5:00 pm, Monday – Friday.
5. Your alien registration card (if you are not a US citizen and have a card).
6. Employer information (even employers in other states) for the last 18 months which includes:
 - Employer names, addresses, and phone numbers.
 - NYS Employer Registration Number or Federal Employer Identification Number (FEIN). The FEIN is on your W-2 form(s).
 - Your total gross earnings (before any deductions) for each employer. You may be asked for pay stubs, W-2 forms, or other payment records.
7. Your copies of "Notice to Federal Employee about Unemployment Insurance" (Form SF8) and "Notification of Personnel Action" (Form SF50) if you were a federal employee.
8. Your most recent separation form (DD214) and any DD215 forms you have received from military service. You can request a DD 214 through the U.S. National Archives and Records Administration website at: <http://www.archives.gov/st-louis/military-personnel/standard-form-180.html>.
9. A check from your personal checking account so you can provide your bank's routing number and your checking account number if you choose Direct Deposit of your weekly benefits.

You can file a claim without all of these documents. However, missing information could delay your first payment.



Department
of Labor

Unemployment Insurance Division

Record of Employment

(For Unemployment Insurance purposes only.)

Employer: Complete the following and give this form to every employee who quits, is laid off, or is discharged:

Date given to employee:

/ /

NYS Employer Registration No.:

-

Federal Employer Identification No.:

-

Employer Name: Northeast Association Mgmt, Inc.

Payroll Records are kept at: _____

Street: 8125 Sedgwick Way

Street: _____

City: Memphis State: TN Zip: 38125

Optional if needed by employer to locate employee record:

Payroll or Clock No.: _____ Location of employment or code: _____

Employee: Keep this certificate. Have it with you if you apply for Unemployment Insurance (UI) benefits. This certificate shows that your job was insured. It does not necessarily mean you qualify for benefits. The UI Claims Center will make that determination if you apply. Please complete the following:

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Have the following information available when you apply:

1. Your Social Security Number.
2. Your NYS Driver License or Motor Vehicle ID card (if you have either one).
3. Your complete mailing address and zip code.
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6. Employer information (even employers in other states) for the last 18 months which includes:
 - Employer names, addresses, and phone numbers.
 - NYS Employer Registration Number or Federal Employer Identification Number (FEIN). The FEIN is on your W-2 form(s).
 - Your total gross earnings (before any deductions) for each employer. You may be asked for pay stubs, W-2 forms, or other payment records.
7. Your copies of "Notice to Federal Employee about Unemployment Insurance" (Form SF8) and "Notification of Personnel Action" (Form SF50) if you were a federal employee.
8. Your most recent separation form (DD214) and any DD215 forms you have received from military service. You can request a DD 214 through the U.S. National Archives and Records Administration website at: <http://www.archives.gov/st-louis/military-personnel/standard-form-180.html>.
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Department
of Labor

Unemployment Insurance Division

Record of Employment

(For Unemployment Insurance purposes only.)

Employer: Complete the following and give this form to every employee who quits, is laid off, or is discharged:

Date given to employee:

/ /

NYS Employer Registration No.:

-

Federal Employer Identification No.:

-

Employer Name: Managed Care Advisors, Inc.

Payroll Records are kept at: _____

Street: 8125 Sedgwick Way

Street: _____

City: Memphis State: TN Zip: 38125

Optional if needed by employer to locate employee record:

Payroll or Clock No.: _____ Location of employment or code: _____

Employee: Keep this certificate. Have it with you if you apply for Unemployment Insurance (UI) benefits. This certificate shows that your job was insured. It does not necessarily mean you qualify for benefits. The UI Claims Center will make that determination if you apply. Please complete the following:

Your Name: _____ Social Security No.: - -

This may not be used as an identification card.

IA 12.3 (01/18)

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Unemployment Insurance is temporary income for eligible workers who are out of work through no fault of their own. It provides them a weekly benefit while they look for work. If you become unemployed and want to apply for Unemployment Insurance benefits, apply online at www.labor.ny.gov for a quick and convenient way to file your claim or call the Telephone Claim Center toll free at (888) 209-8124.

Have the following information available when you apply:

1. Your Social Security Number.
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3. Your complete mailing address and zip code.
4. A phone number, including area code, where we can reach you from 8:00 am – 5:00 pm, Monday – Friday.
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You can file a claim without all of these documents. However, missing information could delay your first payment.

EMPLOYER INFORMATION

THIS FORM PROVIDES THE EMPLOYEE WITH THE EMPLOYER'S INFORMATION TO BE USED IF HE/SHE WISHES TO APPLY FOR UNEMPLOYMENT COMPENSATION BENEFITS.

Employer: You must provide this completed form to separating employees and/or employees working reduced hours. It is important for the claimant to use accurate information and include the PA Unemployment Compensation (UC) account number when filing for UC benefits. By doing so, the department can ensure that employers receive requests for separation information timely. Providing this form to employees can help reduce inaccurate UC benefit charges to your account that may increase your UC tax rate.

Employee: Unemployment Compensation (UC) benefits are available to workers who are unemployed and who meet the requirements of state UC eligibility laws. You may file a UC claim in the first week that employment stops or work hours are reduced. For more information about how to file and what you need when you contact us, see page 2 of this form.

Employer PA UC Acct. No.: -

(seven-digit number followed by R or M, or enter zero)

Employer Legal Name: Sedgwick Claims Management Services, Inc.

(as it appears on the PA Enterprise Registration Form PA-100)

Employer Address (or TPA address): 8125 Sedgwick Way

City: Memphis **State:** TN **Zip:** 38125

Contact Person: Colleague Resources Department **Title:**

Phone: (901) 415-7400 **Fax:** **Email:**

Complete the section below only if the employee is expected to return to work at your company.

Employee Name: **Last 4 digits of Social Security no.:**

Expected Date of Recall (MM/DD/YY)

Employer Representative Signature **Date**

INSTRUCTIONS FOR EMPLOYERS WHEN COMPLETING THIS FORM

PA Employer UC Account Number This seven-digit number is shown on the New Employer Confirmation Letter (Form UC-1408), Notice of Pennsylvania Unemployment Compensation Responsibilities (Form UC-851), and the Contribution Rate Notice (Form UC-657). If an account number has not been assigned, please register with the department by submitting the Pennsylvania Enterprise Registration Form (PA-100) at www.pa100.state.pa.us. The UC number is also on the UC-44FR (Request for Relief from Charges), UC-44F(3) (Notice of Financial Determination), and the UC-640 (Monthly Notice of Compensation Charged).

Employer Address - Enter your mailing address or the address where you want the Employer's Notice of Application (UC-45), unemployment fact-finding forms, and determinations to be mailed. If your company uses a Third-Party Administrator (TPA) to handle your unemployment claims, please enter the address for the TPA. If your address changes, please complete the UC-1212 online at www.uc.pa.gov.

Contact Person, Email Address - Provide the name, title, telephone number, fax number and email address of the human resource representative in your company that the department can contact if additional separation information is needed.

SIDES: STATE INFORMATION DATA EXCHANGE SYSTEM

SIDES E-Response enables employers to receive and respond securely to Pennsylvania's **Employers' Notice of Application** (UC-45) ELECTRONICALLY, rather than by mail. For the form to enroll (UC-504) to this free-of-charge program or for more information on SIDES, please go to the Employers' section of our website: www.uc.pa.gov.



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS POLICY

EMPLOYER INFORMATION

THIS FORM PROVIDES THE EMPLOYEE WITH THE EMPLOYER'S INFORMATION TO BE USED IF HE/SHE WISHES TO APPLY FOR UNEMPLOYMENT COMPENSATION BENEFITS.

Employer: You must provide this completed form to separating employees and/or employees working reduced hours. It is important for the claimant to use accurate information and include the PA Unemployment Compensation (UC) account number when filing for UC benefits. By doing so, the department can ensure that employers receive requests for separation information timely. Providing this form to employees can help reduce inaccurate UC benefit charges to your account that may increase your UC tax rate.

Employee: Unemployment Compensation (UC) benefits are available to workers who are unemployed and who meet the requirements of state UC eligibility laws. You may file a UC claim in the first week that employment stops or work hours are reduced. For more information about how to file and what you need when you contact us, see page 2 of this form.

Employer PA UC Acct. No.:

 -

(seven-digit number followed by R or M, or enter zero)

Employer Legal Name: Comp Management Health Systems, Inc.

(as it appears on the PA Enterprise Registration Form PA-100)

Employer Address (or TPA address): 8125 Sedgwick Way

City: Memphis

State: TN

Zip: 38125

Contact Person: Colleague Resources Department

Title: _____

Phone: (901) 415-7400

Fax: _____

Email: _____

Complete the section below only if the employee is expected to return to work at your company.

Employee Name: _____ **Last 4 digits of Social Security no.:** _____

Expected Date of Recall (MM/DD/YY) _____

Employer Representative Signature _____ **Date** _____

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Employer Address - Enter your mailing address or the address where you want the Employer's Notice of Application (UC-45), unemployment fact-finding forms, and determinations to be mailed. If your company uses a Third-Party Administrator (TPA) to handle your unemployment claims, please enter the address for the TPA. If your address changes, please complete the UC-1212 online at www.uc.pa.gov.

Contact Person, Email Address - Provide the name, title, telephone number, fax number and email address of the human resource representative in your company that the department can contact if additional separation information is needed.

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SIDES E-Response enables employers to receive and respond securely to Pennsylvania's **Employers' Notice of Application** (UC-45) ELECTRONICALLY, rather than by mail. For the form to enroll (UC-504) to this free-of-charge program or for more information on SIDES, please go to the Employers' section of our website: www.uc.pa.gov.



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS POLICY

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Employer PA UC Acct. No.: -

(seven-digit number followed by R or M, or enter zero)

Employer Legal Name: Custom Applications Management LLC

(as it appears on the PA Enterprise Registration Form PA-100)

Employer Address (or TPA address): 8125 Sedgwick Way

City: Memphis

State: TN

Zip: 38125

Contact Person: Colleague Resources Department

Title:

Phone: (901) 415-7400

Fax:

Email:

Complete the section below only if the employee is expected to return to work at your company.

Employee Name: Last 4 digits of Social Security no.:

Expected Date of Recall (MM/DD/YY)

Employer Representative Signature Date

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PA Employer UC Account Number This seven-digit number is shown on the New Employer Confirmation Letter (Form UC-1408), Notice of Pennsylvania Unemployment Compensation Responsibilities (Form UC-851), and the Contribution Rate Notice (Form UC-657). If an account number has not been assigned, please register with the department by submitting the Pennsylvania Enterprise Registration Form (PA-100) at www.pa100.state.pa.us. The UC number is also on the UC-44FR (Request for Relief from Charges), UC-44F(3) (Notice of Financial Determination), and the UC-640 (Monthly Notice of Compensation Charged).

Employer Address - Enter your mailing address or the address where you want the Employer's Notice of Application (UC-45), unemployment fact-finding forms, and determinations to be mailed. If your company uses a Third-Party Administrator (TPA) to handle your unemployment claims, please enter the address for the TPA. If your address changes, please complete the UC-1212 online at www.uc.pa.gov.

Contact Person, Email Address - Provide the name, title, telephone number, fax number and email address of the human resource representative in your company that the department can contact if additional separation information is needed.

SIDES: STATE INFORMATION DATA EXCHANGE SYSTEM

SIDES E-Response enables employers to receive and respond securely to Pennsylvania's **Employers' Notice of Application** (UC-45) ELECTRONICALLY, rather than by mail. For the form to enroll (UC-504) to this free-of-charge program or for more information on SIDES, please go to the Employers' section of our website: www.uc.pa.gov.



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS POLICY

EMPLOYER INFORMATION

THIS FORM PROVIDES THE EMPLOYEE WITH THE EMPLOYER'S INFORMATION TO BE USED IF HE/SHE WISHES TO APPLY FOR UNEMPLOYMENT COMPENSATION BENEFITS.

Employer: You must provide this completed form to separating employees and/or employees working reduced hours. It is important for the claimant to use accurate information and include the PA Unemployment Compensation (UC) account number when filing for UC benefits. By doing so, the department can ensure that employers receive requests for separation information timely. Providing this form to employees can help reduce inaccurate UC benefit charges to your account that may increase your UC tax rate.

Employee: Unemployment Compensation (UC) benefits are available to workers who are unemployed and who meet the requirements of state UC eligibility laws. You may file a UC claim in the first week that employment stops or work hours are reduced. For more information about how to file and what you need when you contact us, see page 2 of this form.

Employer PA UC Acct. No.:

 -

(seven-digit number followed by R or M, or enter zero)

Employer Legal Name: Northeast Association Mgmt, Inc.

(as it appears on the PA Enterprise Registration Form PA-100)

Employer Address (or TPA address): 8125 Sedgwick Way

City: Memphis

State: TN

Zip: 38125

Contact Person: Colleague Resources Department

Title: _____

Phone: (901) 415-7400

Fax: _____

Email: _____

Complete the section below only if the employee is expected to return to work at your company.

Employee Name: _____ Last 4 digits of Social Security no.: _____

Expected Date of Recall (MM/DD/YY) _____

Employer Representative Signature _____ Date _____

INSTRUCTIONS FOR EMPLOYERS WHEN COMPLETING THIS FORM

PA Employer UC Account Number This seven-digit number is shown on the New Employer Confirmation Letter (Form UC-1408), Notice of Pennsylvania Unemployment Compensation Responsibilities (Form UC-851), and the Contribution Rate Notice (Form UC-657). If an account number has not been assigned, please register with the department by submitting the Pennsylvania Enterprise Registration Form (PA-100) at www.pa100.state.pa.us. The UC number is also on the UC-44FR (Request for Relief from Charges), UC-44F(3) (Notice of Financial Determination), and the UC-640 (Monthly Notice of Compensation Charged).

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Employee: Unemployment Compensation (UC) benefits are available to workers who are unemployed and who meet the requirements of state UC eligibility laws. You may file a UC claim in the first week that employment stops or work hours are reduced. For more information about how to file and what you need when you contact us, see page 2 of this form.

Employer PA UC Acct. No.:

-

(seven-digit number followed by R or M, or enter zero)

Employer Legal Name: Managed Care Advisors, Inc.

(as it appears on the PA Enterprise Registration Form PA-100)

Employer Address (or TPA address): 8125 Sedgwick Way

City: Memphis

State: TN

Zip: 38125

Contact Person: Colleague Resources Department

Title: _____

Phone: (901) 415-7400

Fax: _____

Email: _____

Complete the section below only if the employee is expected to return to work at your company.

Employee Name: _____ Last 4 digits of Social Security no.: _____

Expected Date of Recall (MM/DD/YY) _____

Employer Representative Signature _____ Date _____

INSTRUCTIONS FOR EMPLOYERS WHEN COMPLETING THIS FORM

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Contact Person, Email Address - Provide the name, title, telephone number, fax number and email address of the human resource representative in your company that the department can contact if additional separation information is needed.

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STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY

SEPARATION NOTICE

1. Employee's Name: _____ 2. SSN: _____
First Middle Initial Last

3. Last Employed: From: _____ to _____ Occupation: _____
(mm/dd/yyyy) (mm/dd/yyyy)

4. Where was work performed? _____

5. Reason for Separation: ☐ Lack of Work ☐ Discharge ☐ Quit

If lack of work, indicate if layoff is: ☐ Permanent ☐ Temporary - Recall Date _____
(mm/dd/yyyy)

If temporary, report any vacation pay that will be paid. Week Ending Date _____ Amount \$ _____
(mm/dd/yyyy)

If layoff is indefinite vacation pay should not be reported.

6. Employee received: ☐ Wages in Lieu of Notice ☐ Severance Pay

In the amount of \$ _____ for period from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

If other than lack of work, explain the circumstances of this separation:

Employer's Name: Sedgwick Claims Management Services, Inc.

Address where additional information may be obtained:

8125 Sedgwick Way, Memphis, TN 38125

Employer's Telephone Number:

(901) 415-7400

Employer's Email Address:

Employer's Account Number:

Number shown on State Quarterly Wage Report (LB-0851) and
Premium Report (LB-0456)

I certify that the above worker has been separated from work and the information furnished hereon is true and correct.
This report has been handed to or mailed to the worker.

Signature of Official or Representative of the Employer
who has first-hand knowledge of the separation

Title of Person Signing

Date Completed
and Released to
Employee

Colleague Resources Department

(mm/dd/yyyy)

NOTICE TO EMPLOYER

Within 24 hours of the time of separation, you are required by Rule 0800-09-01-.02 of the Tennessee Employment Security Law to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a time sensitive request for separation information for the same information please give complete information in your response.

NOTICE TO EMPLOYEE

YOU MAY BE INSTRUCTED TO MAIL OR FAX THE SEPARATION NOTICE TO TENNESSEE CLAIMS OPERATIONS IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.



STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY

SEPARATION NOTICE

1. Employee's Name: _____ 2. SSN: _____
First Middle Initial Last

3. Last Employed: From: _____ to _____ Occupation: _____
(mm/dd/yyyy) (mm/dd/yyyy)

4. Where was work performed? _____

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If lack of work, indicate if layoff is: ☐ Permanent ☐ Temporary - Recall Date _____
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If temporary, report any vacation pay that will be paid. Week Ending Date _____ Amount \$ _____
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6. Employee received: ☐ Wages in Lieu of Notice ☐ Severance Pay

In the amount of \$ _____ for period from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

If other than lack of work, explain the circumstances of this separation:

Employer's Name: Comp Management Health Systems, Inc.

Address where additional information may be obtained:

8125 Sedgwick Way, Memphis, TN 38125

Employer's Telephone Number:

(901) 415-7400

Employer's Email Address:

Employer's Account Number:

Number shown on State Quarterly Wage Report (LB-0851) and
Premium Report (LB-0456)

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Signature of Official or Representative of the Employer
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Title of Person Signing

Date Completed
and Released to
Employee

Colleague Resources Department

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STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
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SEPARATION NOTICE

1. Employee's Name: _____ 2. SSN: _____
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4. Where was work performed? _____

5. Reason for Separation: ☐ Lack of Work ☐ Discharge ☐ Quit

If lack of work, indicate if layoff is: ☐ Permanent ☐ Temporary - Recall Date _____
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If temporary, report any vacation pay that will be paid. Week Ending Date _____ Amount \$ _____
(mm/dd/yyyy)

If layoff is indefinite vacation pay should not be reported.

6. Employee received: ☐ Wages in Lieu of Notice ☐ Severance Pay

In the amount of \$ _____ for period from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

If other than lack of work, explain the circumstances of this separation:

Employer's Name: Custom Applications Management LLC

Address where additional information may be obtained:

8125 Sedgwick Way, Memphis, TN 38125

Employer's Telephone Number:

(901) 415-7400

Employer's Email Address:

Employer's Account Number:

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5. Reason for Separation: ☐ Lack of Work ☐ Discharge ☐ Quit
- If lack of work, indicate if layoff is: ☐ Permanent ☐ Temporary - Recall Date _____
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- If temporary, report any vacation pay that will be paid. Week Ending Date _____ Amount \$ _____
(mm/dd/yyyy)
- If layoff is indefinite vacation pay should not be reported.
6. Employee received: ☐ Wages in Lieu of Notice ☐ Severance Pay
- In the amount of \$ _____ for period from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)
- If other than lack of work, explain the circumstances of this separation:

Employer's Name: Northeast Association Mgmt, Inc.

Address where additional information may be obtained:

8125 Sedgwick Way, Memphis, TN 38125

Employer's Telephone Number:

(901) 415-7400

Employer's Email Address:

Employer's Account Number:

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6. Employee received: ☐ Wages in Lieu of Notice ☐ Severance Pay

In the amount of \$ _____ for period from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

If other than lack of work, explain the circumstances of this separation:

Employer's Name: Managed Care Advisors, Inc.

Address where additional information may be obtained:

8125 Sedgwick Way, Memphis, TN 38125

Employer's Telephone Number:

(901) 415-7400

Employer's Email Address:

Employer's Account Number:

Number shown on State Quarterly Wage Report (LB-0851) and
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